

Surgeon General's Media Update

Oct. 11, 2006

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Soldiers wounded during combat in Iraq and Afghanistan often develop post-traumatic stress disorder and depression months after getting out of a hospital, instead of soon after suffering their injuries, a new study found.

And the severity of the injuries also helps predict the risk of developing post-traumatic stress disorder (PTSD) or depression.

It's not clear why it's taking more than half a year, in some cases, for symptoms of PTSD and depression to emerge. However, the study authors speculated that the concentrated treatments and therapies offered in a hospital may temporarily ward off psychological problems, leaving them to surface once a soldier has been released and comes to realize the extent of the injuries.

The report was published in the October issue of *The American Journal of Psychiatry*.

"The rates of PTSD and depression are much lower immediately following the injury than what we were expecting," said lead researcher Dr. Thomas A. Grieger, of the Uniformed Services University of the Health Sciences and Walter Reed Army Medical Center, in Washington, D.C. "We were expecting rates of around 20 percent."

Instead, Grieger and his colleagues found the initial rate of PTSD and depression was 4 percent. The researchers expected the rates of PTSD and depression to be controlled early, as is often the case with victims of automobile accidents. "In contrast, in this [military] population, the rates went up instead of down with time," he said.

For the study, the researchers screened 613 soldiers, who were severely wounded between March 2003 and September 2004. Of those, 243 completed health assessments at one, four, and seven months after their injuries. The rates of PTSD were 4 percent at one month, 12 percent at four months, and 12 percent at seven months. Rates of depression were 4.4 percent at one month, 9 percent at four months, and 9 percent at seven months.

Grieger noted that 78 percent of those soldiers with PTSD or depression at seven months showed no signs of either condition at one month. "There is a need for ongoing evaluation of the individuals that have had these sorts of exposures," he said.

The reasons for these findings aren't clear, Grieger said. He noted, however, that soldiers in a hospital are getting psychiatric care and medication, which may not be continued after the soldiers leave. "It may be that these symptoms come on after they leave the hospital because they are not continuing with their medications," he said. "It may also be that individuals don't report symptoms in the immediate aftermath of the injury."

Grieger further speculated that it's only when the soldiers return home and realize the full impact of their injuries on their lives that PTSD and depression strike.

One expert thinks this study could be helpful in designing programs to prevent and treat PTSD and depression in military personnel.

"Being wounded is a risk factor for PTSD," said Dr. Matthew J. Friedman, executive director of the Department of Veterans Affairs National Center for Post-Traumatic Stress Disorder.

Friedman believes it's important to understand why some soldiers recover from PTSD and depression when they struggle with it early, and why others develop these problems later. "This would enable us to do a better job of developing preventive approaches and trying to improve the situation for people following hospital discharge," he said.

Another researcher noted the rates of PTSD and depression seen among wounded soldiers returning from Iraq and Afghanistan are about the same as those seen among non-wounded soldiers.

"One of the important findings is that wounded soldiers did not have higher rates of PTSD than healthy soldiers surveyed using the same instruments and criteria," said Dr. Charles Hoge, who's with the department of psychiatry and behavioral sciences at Walter Reed Army Institute of Research. "This suggests that the preventive psychiatry services that wounded service members receive at Walter Reed has been effective in mitigating PTSD symptoms."

"The increase from 4 to 12 percent from one to four months is exactly what we've been seeing among non-wounded soldiers," Hoge added, who co-authored the new study. "We know that soldiers may not report mental-health symptoms until several months after they return home, and this study shows that this is true also among the wounded."

Investigators say U.S. submarine not source of radioactivity at Yokosuka

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YOKOSUKA NAVAL BASE, Japan — The trace amount of radioactivity found near the USS Honolulu last month was not discharged from the nuclear-powered submarine, a Navy investigation concluded Thursday.

The Navy released its review of the ship's "systems, procedures and operations" to the government of Japan and city of Yokosuka, saying there was neither deliberate discharge nor any accidents that would have allowed the material to escape. The review was done by a U.S. Navy expert outside the Honolulu's chain of command who inspected the submarine, its documents and its commanding officer's report, according to a Navy news release.

The investigation comes after Japan's Ministry of Education, Culture, Sports, Science and Technology reported finding a small amount of cobalt 58 and cobalt 60 around the Honolulu's stern as it left Yokosuka on Sept. 14. The amount was not considered dangerous to people or the environment, they said.

The ministry tests the waters every day that a U.S. nuclear-powered vessel is in port and again as it leaves. Since 1964, U.S. nuclear-powered warships have visited naval ports in Yokosuka, Sasebo and White Beach more than 1,200 times, according to the Navy's release.

"The results of monitoring in these ports conducted by the government of Japan and the U.S. government, respectively, demonstrate that the operation of U.S. nuclear-powered warships has not had any adverse effect on human health, marine life or the environment," the release stated.

The ministry's findings largely agree with the Navy's, Fumihiko Matsukawa, a ministry nuclear safety division official, said Thursday.

Although the "possibility" that the material came from the submarine cannot be denied, it was "unlikely that it originated from a power reactor or cooling system accident or trouble," the ministry stated in a news release. It also ruled out fallout from 1950-1980 nuclear tests in the atmosphere and, due to where the radioactivity was found, dismissed that it came from local businesses that use these cobalts.

After testing all of the samples and examining every possibility, the cause remains "undetermined," Matsukawa said, and the case likely will be closed.

"There will not be anything that will reveal new data," he said.

Yokosuka civic groups have lodged concerns about the safety of nuclear-powered ships in response to the Navy's plans to replace the conventionally-powered USS Kitty Hawk aircraft carrier with the nuclear-powered USS George Washington aircraft carrier in 2008.

Yokosuka city Mayor Ryoichi Kabaya moderated his opposition to the nuclear-powered carrier after visiting the San Diego area, where nuclear-powered Navy ships have been based for years without incident.

After the radiation was found, Kabaya asked the Navy to share the results of its investigation. According to Masashi Suzuki, assistant manager of the city's military base division, the Navy contacted the city officials Thursday morning with the results.

"I appreciate the prompt response," the mayor was quoted as saying in a written statement Thursday.

The USS Honolulu is a 21-year-old submarine scheduled for decommissioning in Washington state this month.

Report Faults FDA on Drug Safety

10/10/06 - By Christopher Lee, Washington Post

Five experts who have advised the Food and Drug Administration on drug safety yesterday threw their weight behind mounting criticism that the agency does not adequately protect the public from unsafe drugs.

The experts, all current or former members of the agency's Drug Safety and Risk Management Advisory Committee, said FDA-mandated safety studies can miss serious problems with a drug both before and after its approval. The agency does not have the authority to pull dangerous drugs unilaterally, force changes in drug labels or sanction drug companies that skimp on safety monitoring, the experts said.

The group, which published its critique yesterday in the Archives of Internal Medicine, also contended that the FDA lacks the money and structure to insulate itself from the influence of the pharmaceutical industry.

The findings are similar to those released last month by the congressionally chartered Institute of Medicine, which found that the system for approving and regulating drugs is in serious disrepair. That report, requested by the FDA, followed two years of controversy over drug safety after the 2004 withdrawal of the arthritis drug Vioxx because of the risk of heart attack.

"The FDA has for the past decade been aware of these problems; they've done very little to fix them," said Curt D. Furberg, a professor of medicine at Wake Forest University and a member of the drug safety advisory panel.

Joining Furberg in the critical paper were current panelists Robyn S. Shapiro and Arthur A. Levin, and former members Peter A. Gross and Brian L. Strom.

Steven Galson, director of the FDA's Center for Drug Evaluation and Research (CDER), which reviews drug applications and monitors drugs once they are on the market, said he disagrees with some of the findings but not with the overall message that the FDA should focus more on drug safety. "We could improve the way that we handle drug safety by putting more people on the assessments and improving the science behind those assessments," he said. "And that is not just on FDA's shoulders -- it's on the whole drug development enterprise."

Both the Institute of Medicine and the five experts would ban consumer advertising of newly approved classes of drugs until they have been on the market long enough for any problems to emerge; give the agency new powers to fine drugmakers that fail to complete required safety studies; and take steps to limit conflicts of interest and broaden the range of expertise on panels appointed by the agency to review scientific data on proposed drugs.

But the experts went further by calling for a Center for Drug Safety outside of the CDER and increased FDA funding for safety monitoring, perhaps through a fee of a few cents on every prescription. They also recommend giving "conditional approval" to some drugs to require drugmakers to demonstrate a drug's safety or else risk seeing it pulled from the market.

Galson called conditional approval "intriguing" but is opposed to a new center. "Creating a new bureaucracy is rarely the right answer," he said. "It would create new walls, new structures that would make it more difficult for our staff to interact with one another."

Alan Goldhammer, a spokesman for the Pharmaceutical Research and Manufacturers of America, said insurers might not cover drugs with conditional approval, depriving patients of new therapies. While safety efforts could be more "proactive," the FDA must strike the right balance, he said.

"Drugs are approved on both the benefit and the risk, and if the agency becomes too risk-averse, it runs the risk of not approving important new drugs that could benefit patients."

Many of the recommendations would require action by Congress. Senate Finance Committee Chairman Charles E. Grassley (R-Iowa) has sponsored legislation that would give the FDA more authority to monitor safety after a drug hits the market. "Both Congress and the administration need to take action to refocus the FDA's drug-safety work and to end the agency's too-cozy relationship with the drug companies," he said.

Families get tips for dealing with combat stress

10/10/06 – By Karen Jowers, Navy Times

Families still want more information about recognizing problems related to combat stress, when to get help and how to get it.

With about 15 percent to 20 percent of soldiers returning from Iraq and Afghanistan displaying some combat stress issues within 90 to 120 days, Army and Defense Department officials have been working to identify those issues and help soldiers.

At a family forum sponsored Tuesday in Washington at the annual conference of the Association of the United States Army, a participant said she had heard from women whose husbands had written them frequent love letters, saying they couldn't wait to get home. Yet when the soldiers returned, they were withdrawn, and even left their wives in some cases.

Sylvia Kidd, director of family programs for AUSA, said families have told her they've gone to chaplains with concerns about their soldiers, and were told, "Give him some space."

"But when the soldier has cleaned out the bank account and left, that may be too much space," Kidd said.

Most chaplains know what to look for in terms of mental health issues, and know when to get that soldier or family member to another professional for help, one chaplain responded.

One resource for family members as well as soldiers is a program called "Battlemind." During the 45-minute training, soldiers see a video with examples of behaviors, like a soldier snapping at his son who had asked him to shoot some hoops. The training also talks about issues such as using alcohol to go to sleep or to calm down.

It explains what behaviors are natural, and "gives permission for them to notice it's becoming a problem," said Army psychiatrist Col. Charles Milliken.

Milliken also encourages troops and their spouses to download the program — designed for them to watch together — at www.battlemind.org.

For those with questions who prefer to seek help outside the chain of command, Military OneSource provides someone to talk to 24 hours a day, toll-free, at (800) 342-9647; or online at www.militaryonesource.com.

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This is the first in an occasional series on military medical and aid operations in Iraq.

BAGHDAD — It's the bright side of military operations in Baghdad: temporary medical clinics in which grateful residents throng community centers for free medical care and assistance from American and Iraqi military doctors.

But participants and planners say the goodwill missions, which are part of the current plan to rid Baghdad of sectarian violence, also suffer from serious flaws.

Among them: lack of support from the Shiite-controlled Health Ministry; a lack of medicines and diagnostic tools that would help patients get long-term care; and locals' tendencies to present false medical claims in order to get free medicine and goods.

Since the beginning of Operation Together Forward in August, military officials have conducted more than a dozen of the clinics in five Baghdad neighborhoods. The clinics have been a hit, with an average attendance of 200 patients per day.

The Ministry

Maj. Greg Brewer, chief medical planner for the U.S. military in Baghdad, has overseen every medical operation in Baghdad in recent months. The biggest challenge, he said, is working with the Health Ministry, which American officials and Iraqi civilians say is under the thrall of the anti-American, Shiite Mahdi militia.

The ministry, he said, is "beyond corrupt. They are criminal ... They've found ways to create stumbling blocks to everything we do ... It's gotten worse over the last year."

Those obstacles include the ministry's insistence that the military purchase supplies from local sources and the ministry's refusal to lend medical providers to support the operations.

Brewer said he's made repeated requests — all denied — to meet with the health minister to seek the government's cooperation. District-level ministry officials have also turned down his requests to meet.

"To me it makes more sense for us to be aiding and assisting the (ministry), rather than doing their job at a mediocre rate," he said.

Treatments

Consultations at the clinics are brief, often extremely so. Vital signs are rarely checked. Medics dispense a range of over-the-counter medicines and antibiotics — the only medications authorized by the ministry — with no possibility of follow-up visits to gauge patients' progress.

Dr. (Capt.) David Escobedo, a family practitioner from the 1st Infantry Division of Schweinfurt, Germany, said he questions the medical value of the four-hour operations.

"These can't possibly make a long-term impact, since these are a one-time deal," he said during a late September clinic in the Shiite neighborhood of Ur. "That's the biggest frustration. Not being able to see these people again and follow up."

Another frustration, he said, is his inability to use laboratory tests to diagnose patients, or to provide more than basic help.

Cases can be severe, as in the case of a tall, proud looking woman who carried in her 10-year-old son, a thin boy with severe deformities, club feet and atrophied limbs. She set him on an exam table and begged for help.

“There’s nothing that we can do for him here,” Escobedo said apologetically. “We can give him some vitamins.”

The woman thanked him, cradled her son and walked out of the building without so much as a glance at the bustling room full of free children’s clothing and food.

Despite his concerns, Escobedo said the quick consultations do yield some benefits.

“There is very little harm that you can do with these medications,” he said. “Vitamins are huge. We may as well toss them out the door. As long as they walk out of here with something, they’re happy.”

Needs and wants

That much was clear as Sadoon Karim, an Iraqi army medic, attended to patients during the mission in Ur.

A woman walked in and, in insistent Arabic, pointed to an array of medications on the table, demanding — and receiving — eight different kinds of pills, creams and ointments.

After she left, Karim looked at his pillaged selection of drugs and shrugged.

“It’s a hysteria disease here,” he said in English.

In another room, medic Sgt. Katie Faint, 24 eyed a healthy looking 23-year-old who gave his name as Salah and who complained of a variety of ailments.

“A lot of times, little kids will come in and say, ‘We have arthritis,’” she said. “They just want the pain medications. They don’t have any problems. They just want to see what we’ve got.”

Patients, for the most part, admit to that.

“I don’t go to the government hospital,” Salah said, his hands full of free medications. “They don’t give me what I need.”

Another patient, 56-year-old Farhan Abdullah, who complained of diabetes, said he felt entitled to free medical care.

“When we go to the hospital, we have to pay money,” he said.

Locals’ desperation became especially clear during a recent mission when patients rushed a room full of free clothing and even scaled a wall to get free food.

Near the end of the mission, civil affairs soldiers exasperatedly tried to stop women from carrying out entire boxes of clothing, food and school supplies. The caretaker of the school in which the mission was held later complained that patients made off with school property.

After the mission, members of the civil affairs unit gathered in their office at Forward Operating Base Loyalty and vented their frustration at the government's lack of participation, at patients' greediness and disorderliness, at the insufficiency of supplies and at the difficulty in winning trust in the course of a four-hour clinic.

It was Capt. Bill Billeter who pointed out the bright side.

"I don't know how well we showed people that the government of Iraq cares about its people," he said. "But we showed we cared."